

Name
in
Full

Mary Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Rusaryville		Pr Geo		County		MARYLAND	
Date of death		Month	Day	Age		Years		Months	Days
1909 Oct		29		40					
Sex		Female		Color or Race		Cal		Birth-place	
Occupation		Teacher		Where Residing if not at place of death		Washington D.C.			
Married, Single or Widowed		Widow		Name of Wife or Husband		Joseph Adams			
Father's Name		Patrick F. Edelen				Father's Birthplace		Md	
Mother's Maiden Name		Martha Fenwick				Mother's Birthplace		Md	
Name of person giving Information		Chas W Edelen				How related to deceased		Brother	

CAUSES OF DEATH

64

Primary	Apoplexy		How long	10 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			W. H. Gibbons	
			Address	
			Berroom md	
Accident or Suicide				

PHYSICIAN
OR CORONER

don



Name
in
Full

Raymond McPherson Boswell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

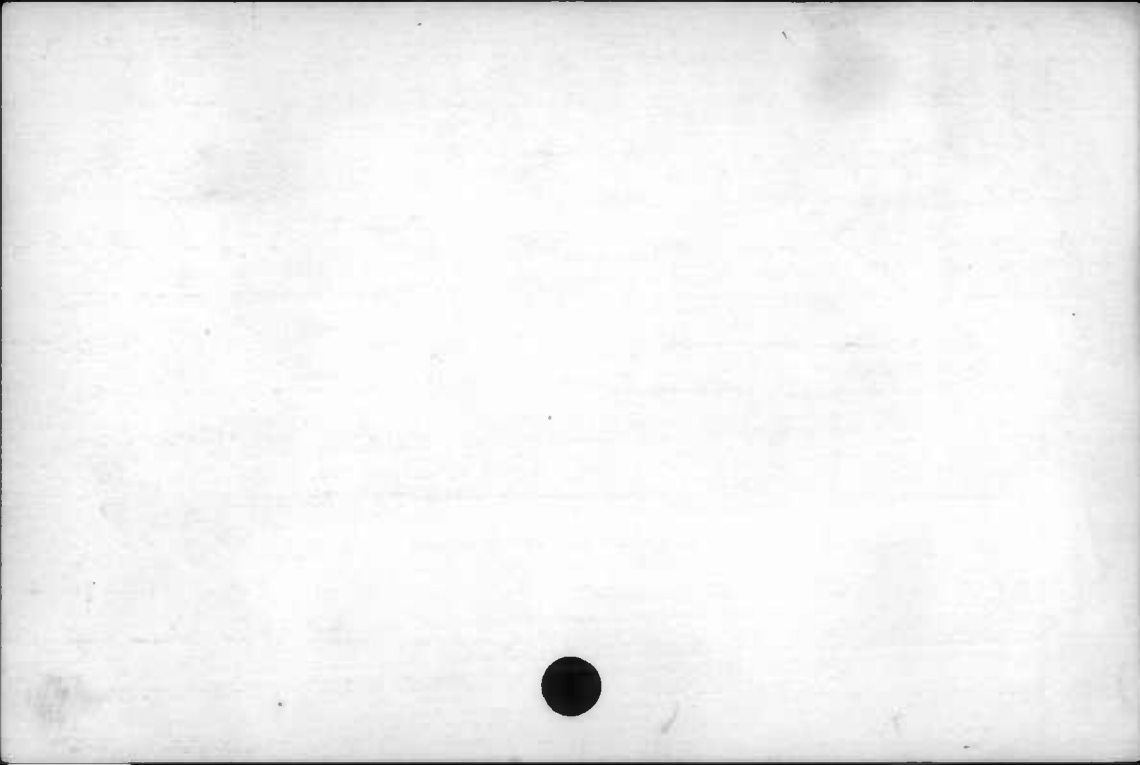
Died at <i>Brentwood</i> <small>Town</small>		<i>Prince Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct.</i>	Day <i>3</i>	Age <i>5</i> Years	Months <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dist of Columbia</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband _____		
Father's Name <i>John E. Boswell</i>			Father's Birthplace <i>Dist of Columbia</i>		
Mother's Maiden Name <i>Bertie Tucker</i>			Mother's Birthplace <i>Howard Co. Md.</i>		
Name of person giving information <i>Bertie Boswell</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 wks</i>
Immediate <i>Cardiac syncope</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Palmer M.D.</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Virginia Burman

CERTIFICATE OF DEATH

Died at *Riversdale* Town *Prince Geo* County **MARYLAND**Date of death 190 *9* Month *Oct* Day *19* Age *60* Months *-* Days *14*Sex *Female* Color or Race *white* Birth-place *va*Occupation *assisting in housework* Where Residing if not at place of deathMarried, Single or Widowed *widowed* Name of Wife or Husband *Chas. Burman*Father's Name *Not Known* Father's Birthplace *not known*Mother's Maiden Name *not known* Mother's Birthplace *not known*Name of person giving Information *Anthony J. Galoski* How related to deceased *son in law*

CAUSES OF DEATH

Primary *Intermittent Nephritis* How long *5 years*Immediate *uraemic poisoning* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos E. Palmer

Address

Myallsville Md

Accident or Suicide

*neither*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Rock Creek Washington

Name
in
Full

CERTIFICATE OF DEATH

Annie Chase
Town Woodmare — County Pr Geo Co

MARYLAND

Died at
Date of death 1909 Oct 31 Age 3
Month — Day — Months — Days —

Sex Female Color or Race Black Birth-place Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name William Chase

Father's Birthplace Md

Mother's Maiden Name Belia Jones

Mother's Birthplace Md

Name of person giving Information Father

How related to deceased Father

CAUSES OF DEATH

93

Primary Pneumonia —

How long Don't know

Immediate —

How long

Are the name, age, sex, color, date and place correctly given above?

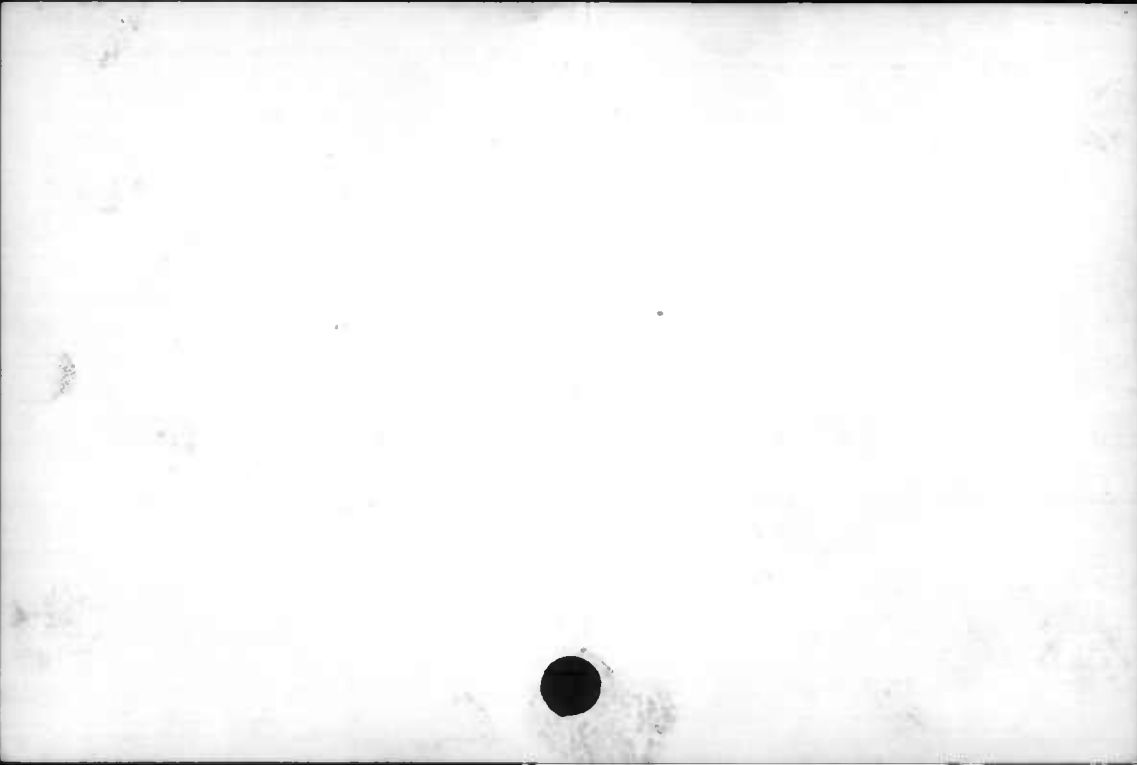
Signature of Physician

Address

J. H. Griffith
Upper Marebow Md

Accident or Suicide —

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Fred. Boale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

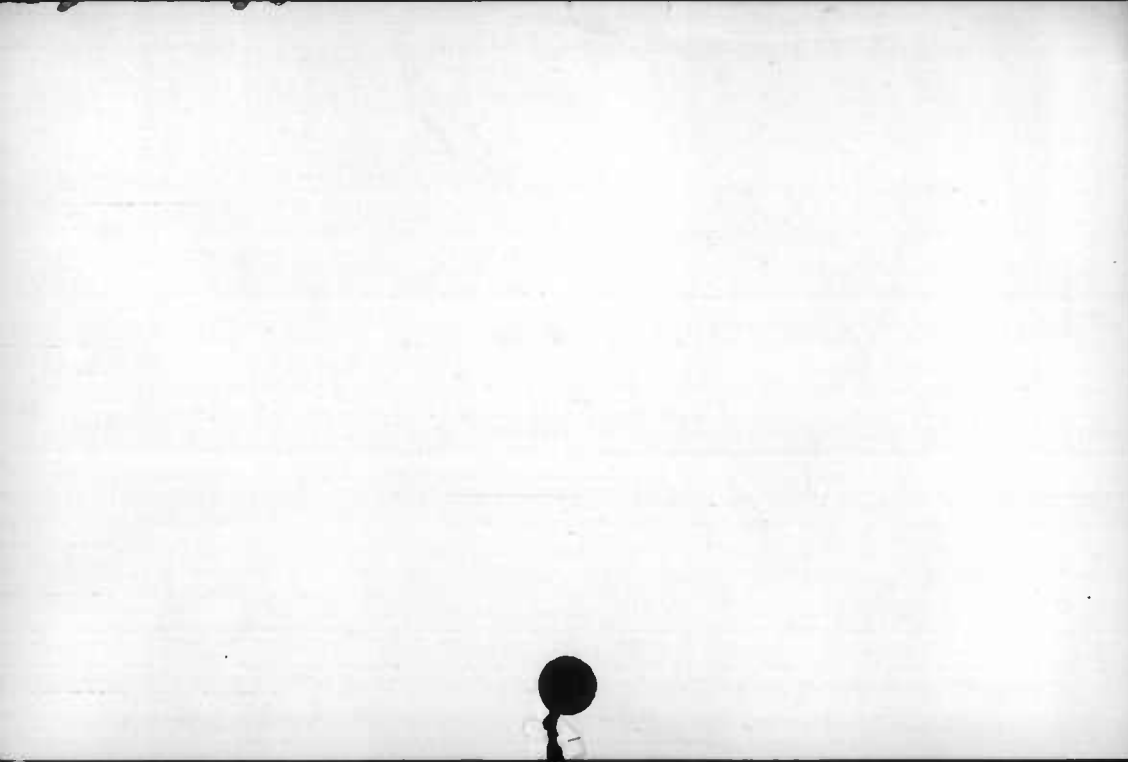
Died at <i>Upper Marlboro</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>10</i>	Day	<i>19</i>
Age		Years		Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>P. G. Co Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Frank Boale</i>		
Mother's Maiden Name			<i>Ophelia Barber</i>		
Name of person giving information			<i>Frank Boale</i>		
Father's Birthplace			<i>St Mary Co Ind</i>		
Mother's Birthplace			" " " "		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Don't Know</i>	How long	<i>3 months</i>
Immediate	<i>Don't Know</i>	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. C. Smith</i>	
		Address	
		<i>Sub Registrar</i>	
Accident or Suicide?		<i>Upper Marlboro Ind</i>	



Name
in
Full

Mary Jane Craig

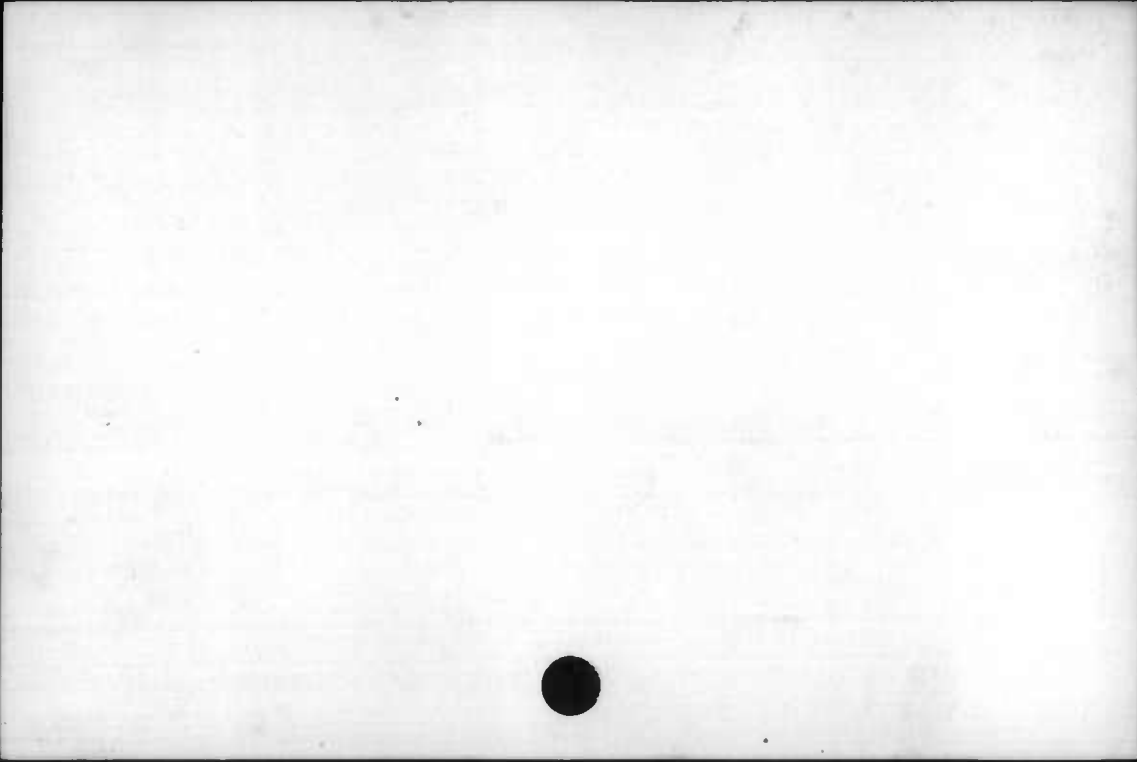
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadows</i> Town		<i>Bridge George</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Adams Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Benjamin Craig</i>				
Father's Name <i>William Aminger</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Jane Smith</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mary E Mead</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary <i>Paraplegia</i>	How long <i>1 year</i>
Immediate <i>asthenia</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Eansbury</i>
	Address <i>Forestville Md</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

Barly Irene Curtain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

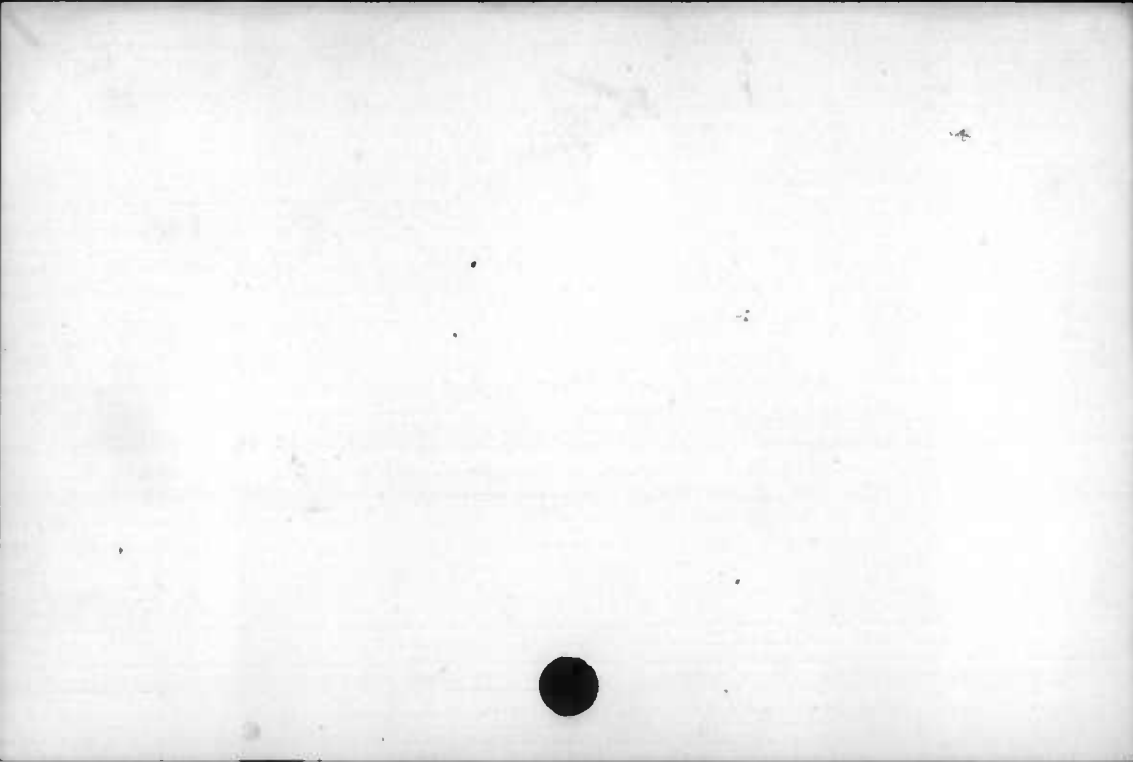
Died at		Town Rosaryville		County Prince Geo		MARYLAND	
Date of death		Month Oct	Day 18	Age Years		Months	Days 8
Sex Female		Color or Race White		Birth-place Rosaryville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Richard O Curtain				Father's Birthplace Not Known			
Mother's Maiden Name Lillie Curtain				Mother's Birthplace " "			
Name of person giving information Richard O Curtain				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long From birth	
Immediate Information of Burial		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician No Physician in Attendance	
		Address L. E. Padgett (acting) (Crown) (Hesperia, Madison, Md)	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

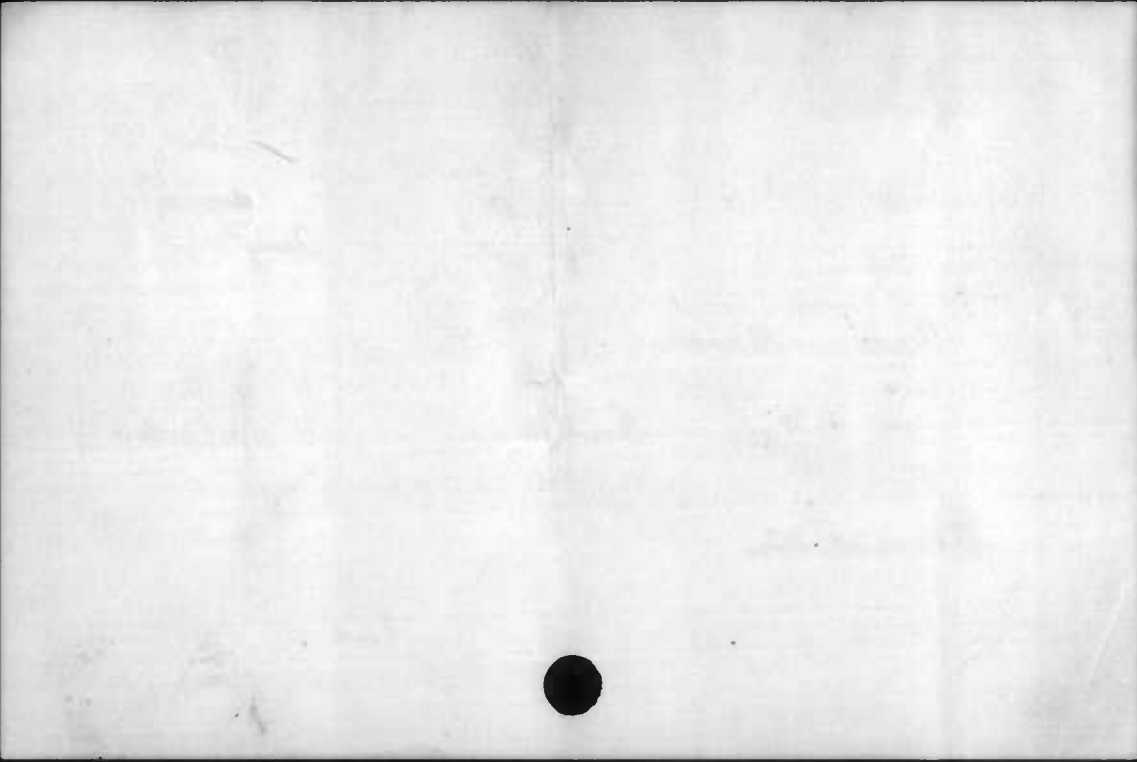
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Hernt</i>		Town <i>Hyattsville</i>		County <i>Pr Geo.</i>		MARYLAND	
Died at <i>Hyattsville</i>		Month <i>Oct</i>		Day <i>10</i>		Years <i>4</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>10</i>		Years <i>4</i>	
Sex <i>female</i>		Color or Race <i>Black.</i>		Birth-place <i>Washington D.C.</i>		Days <i>2</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Lucius Hernt</i>		Father's Birthplace <i>Chas. Co. Md</i>					
Mother's Maiden Name <i>Robertson Stroller</i>		Mother's Birthplace <i>Charleston W. Va.</i>					
Name of person giving information <i>Lucius Hernt</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>3 weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. T. Willis</i>	
		Address <i>Hyattsville</i>	
Accident or Suicide? <i>no</i>		<i>M.D.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Lou Duckell -
Town

County

MARYLAND

Died at *Baden**Pomci Georg*

Date

of death 1909

Month

10

Day

26

Age

Years

9

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of death*Maryland*~~Married~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name*Cesar Duckell -*Father's
Birthplace*Ind*Mother's
Maiden Name*May Harper*Mother's
Birthplace*Ind*Name of person giving
Information*Cesar Duckell -*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Consumption

How long

6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Geo. S. Fowler
and Reg - Baden Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Catherine Gummer

CERTIFICATE OF DEATH

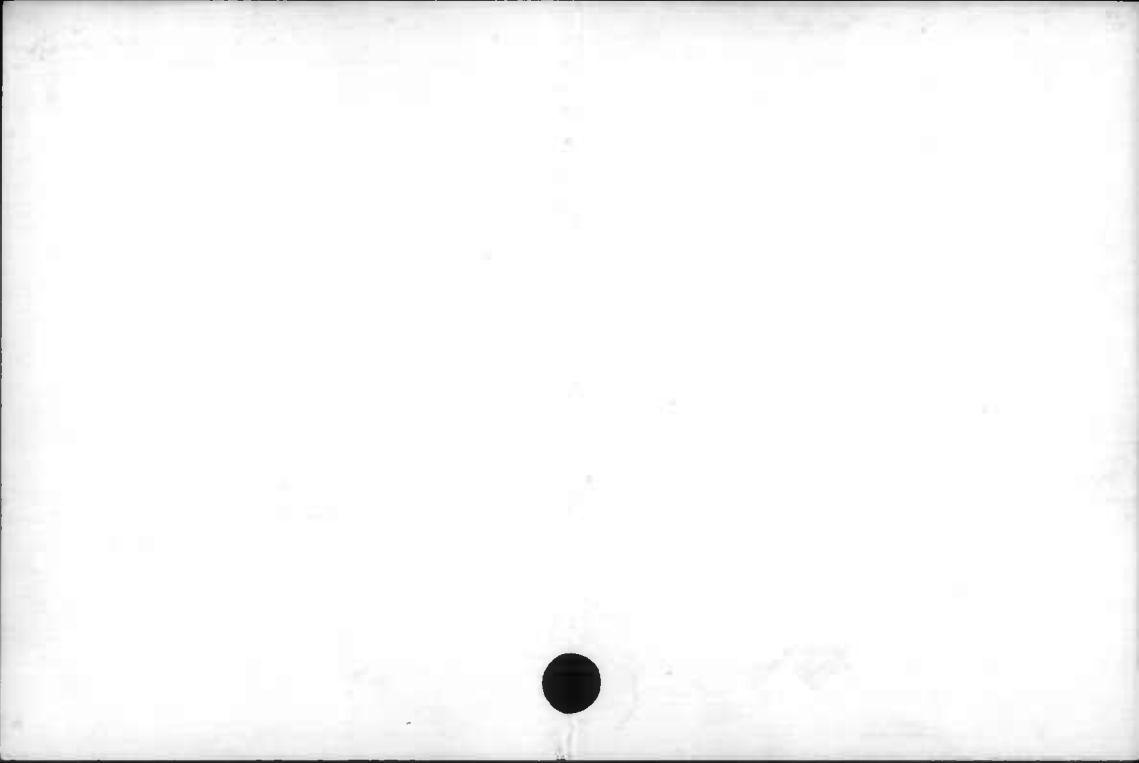
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Anne</i> ^{Town}		<i>Prince George's</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct.</i>	Day <i>3rd</i>	Age <i>23</i>	Years <i>23</i> Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Queen Anne Geo. Co. Md.</i>		
Occupation <i>Cook & Dining Room Serv.</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>Dandy Gummer</i>	Father's Birthplace <i>Prince Geo. S. Co. Md.</i>				
Mother's Maiden Name <i>Mary Catherine Johnson</i>	Mother's Birthplace <i>Same as above -</i>				
Name of person giving Information <i>Mary Catherine Gummer</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

Primary <i>Tuberculosis (Phthisis Pulmonalis)</i>	How long <i>Unknown</i>
Immediate <i>Exhaustion of vital forces</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. F. R. Dufour,</i>
	Address <i>Mitchellville, Md.</i>
Accident or Suicide <i></i>	

PHYSICIAN
OR CORNER



Name
in
Full

Mildred Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Muirkirk Md</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Oct</i>	Day	<i>16</i>
Age		Years		Months	Days
<i>Six</i>		<i>16</i>			
Sex	<i>Girl</i>		Color or Race	<i>Colored</i>	
Occupation			Birth-place	<i>Muirkirk Md</i>	
Where Residing if not at place of death			<i>Muirkirk Md.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Robert Brooks</i>		
Father's Name	<i>Not known</i>			Father's Birthplace	<i>Not known</i>
Mother's Maiden Name	<i>Martha B. Tyler</i>			Mother's Birthplace	<i>Muirkirk</i>
Name of person giving information	<i>Robert Brooks</i>			How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

105

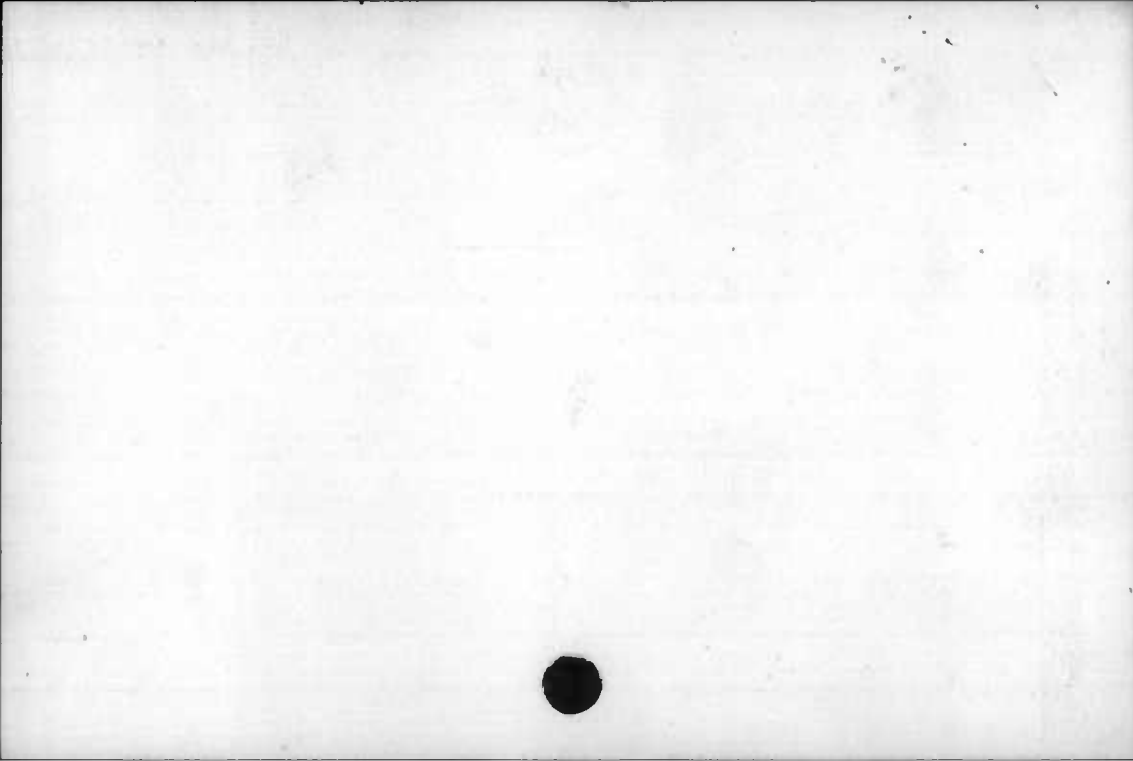
How long

4 days

How long

PHYSICIAN
OR CORONER

Primary	<i>Chorea Infantum</i>	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
Signature of Physician	<i>R. A. Horney</i>	
Address	<i>Samuel Hill</i>	
Accident or Suicide?	<i>no</i>	



Name
in
Full

Mable Hardy

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	20			2	
Sex	Female		Color or Race	White		Birth-place	Croom md
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Thomas A. Hardy				Father's Birthplace	Md	
Mother's Maiden Name	Lattie Seaborn				Mother's Birthplace	md	
Name of person giving Information	Thomas A Hardy				How related to deceased	Father	

CAUSES OF DEATH

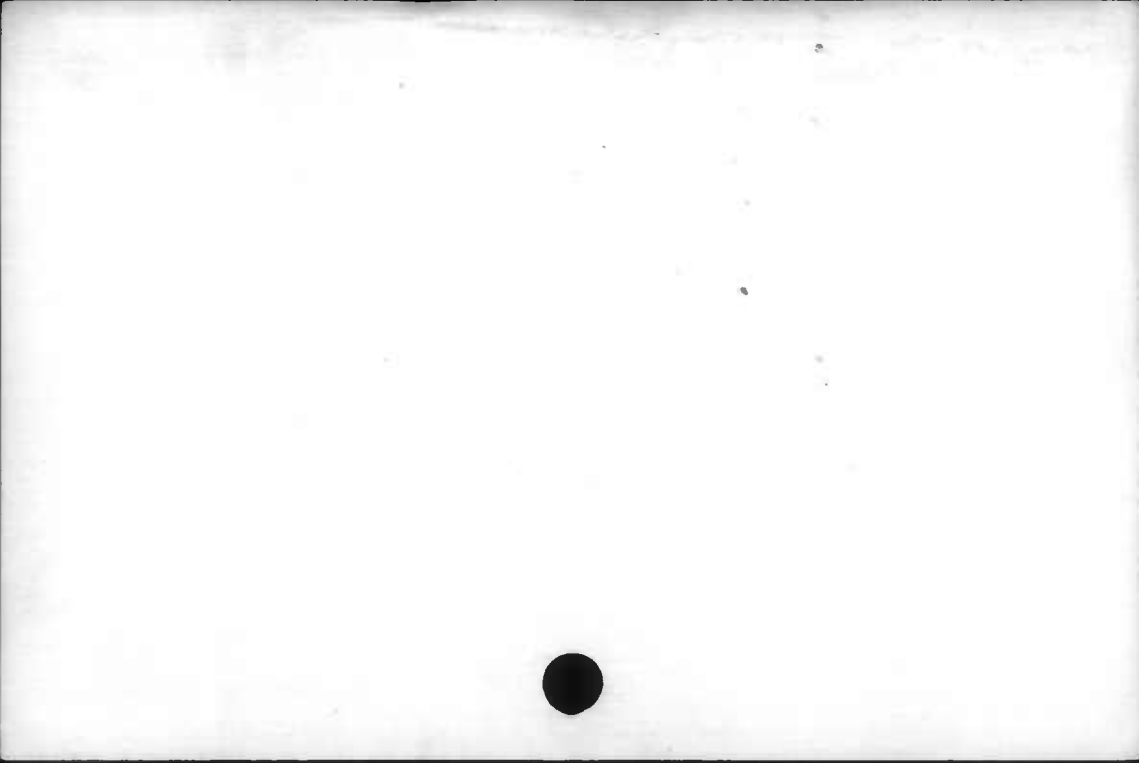
Primary	Malnutrition	How long	2 weeks
Immediate	Exhaustion	How long	1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

W. H. Gibbons
Croom md~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ada Regina Harrod

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Huntersville</i>		^{County} <i>Pinck</i>		MARYLAND	
Date of death	1909	Month	Oct	Day	9
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>colored</i>	
Occupation	<i>infant</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>Robert Harrod</i>			Father's Birthplace	<i> Md. </i>
Mother's Maiden Name	<i>Eliza Queen</i>			Mother's Birthplace	<i> Md. </i>
Name of person giving information	<i>Robert Harrod</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>gastro - enteritis</i>	How long	<i>4 mos</i>
Immediate	<i>asthenia</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J M Brady</i>	
Address		<i>Kennilworth,</i>	
Accident or Suicide?		<i>N.C.</i>	



Name
in
Full

CERTIFICATE OF DEATH

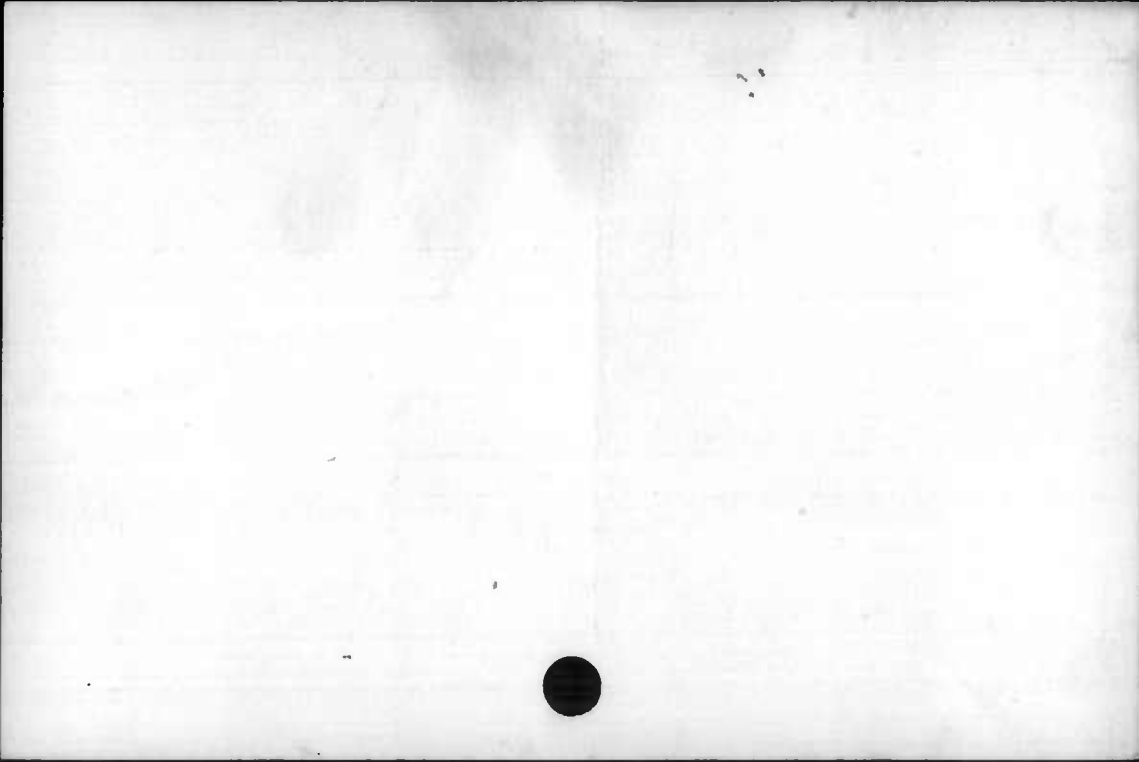
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard T. Jackson</i>		Town <i>Nicholsville</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Nicholsville</i>		Date of death <i>1909 Oct 25</i>		Age <i>5</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Mo</i>		Days <i>24</i>	
Occupation <i>Child</i>				Where Residing if not at place of death <i>Nicholsville</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Robert A. Jackson</i>				Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Charlotte Gordon</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Robert A. Jackson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Floma & exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W W Jones M.D.</i>
	Address <i>Seamont Heights</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Cornelius Jones

Died at <i>Chillicothe</i>		Town <i>Chillicothe</i>		County <i>R. Geo</i>		State <i>MARYLAND</i>	
Date of death <i>1909 Oct</i>		Month	Day <i>11</i>	Age <i>14</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto md</i>				
Occupation <i>Domestic Help</i>		Where Residing if not at place of death <i>Chillicothe md</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>John W. Jones</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Flarence Dyer</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Hubert F. Dyer Supl of R</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

116

Primary <i>Peritonitis, Chronic</i>	How long <i>6 weeks</i>
Immediate <i>as Therman</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ed. H. Gibbons</i>
	Address <i>Chillicothe md</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

~~Agnes~~ *Agnes Kidwell* Town *Upper Marlboro* County *P.E.G.*

Died at *Upper Marlboro* *P.E.G.* MARYLAND

Date of death 1909 OCT 15 Age 4 Months Days

Sex *Female* Color or Race *White* Birth-place *P.E.G. Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Geo M. Kidwell* Father's Birthplace *P.E.G. Md*

Mother's Maiden Name *Richardson* Mother's Birthplace *P.E.G. Md*

Name of person giving Information *Geo M. Kidwell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum* How long *2 weeks*

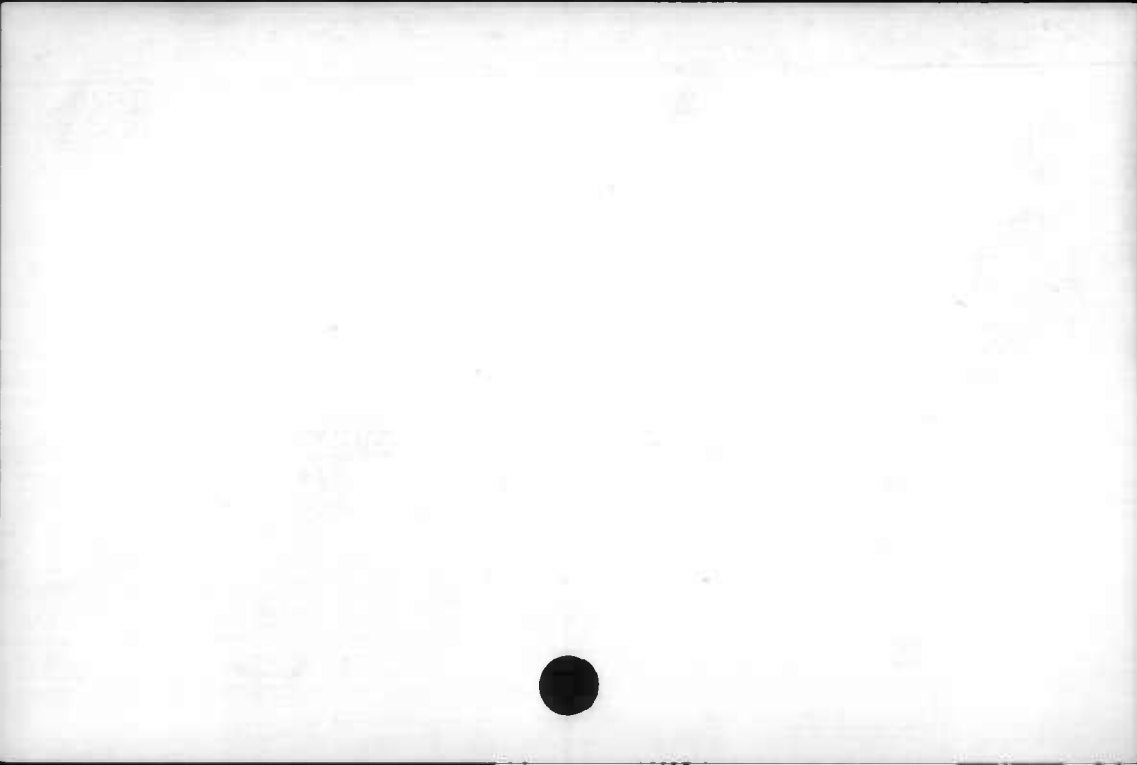
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *D. Griffith*

Address *Upper Marlboro, Md*

Accident or Suicide _____

PHYSICIAN
OR CORONER



Name
in
Full

Wm. E. Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} College Park ^{County} Prince Geo. MARYLAND

Date of death 1909 ^{Month} Oct. ^{Day} 23 Age ^{Years} — ^{Months} 7 ^{Days} —

Sex male Color or Race white Birth-place Va.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Wm. J. Kline Father's Birthplace Va.

Mother's Maiden Name Virtue Shufflet Mother's Birthplace Va.

Name of person giving Information Wm. J. Kline How related to deceased Father

CAUSES OF DEATH

93

✓

PHYSICIAN
OR CORONER

Primary Lobar Pneumonia How long 5 days

Immediate Mitral Insufficiency How long 12 hours

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician A. H. Kline

Address Berwyn, Md.

Accident or Suicide _____

Dianna Lee

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James H. Lewis* Town *Glendale* County *P.S.*

Died at *Glendale* Month *Oct* Day *18* Age *45* Years Months Days

Date of death *1909*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Real estate dealer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *E. M. Clay*

Father's Name *John H. Lewis* Father's Birthplace *Virginia*

Mother's Maiden Name *Bessie Whiffles* Mother's Birthplace *Virginia*

Name of person giving Information *E. M. Lewis* How related to deceased *Wife*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

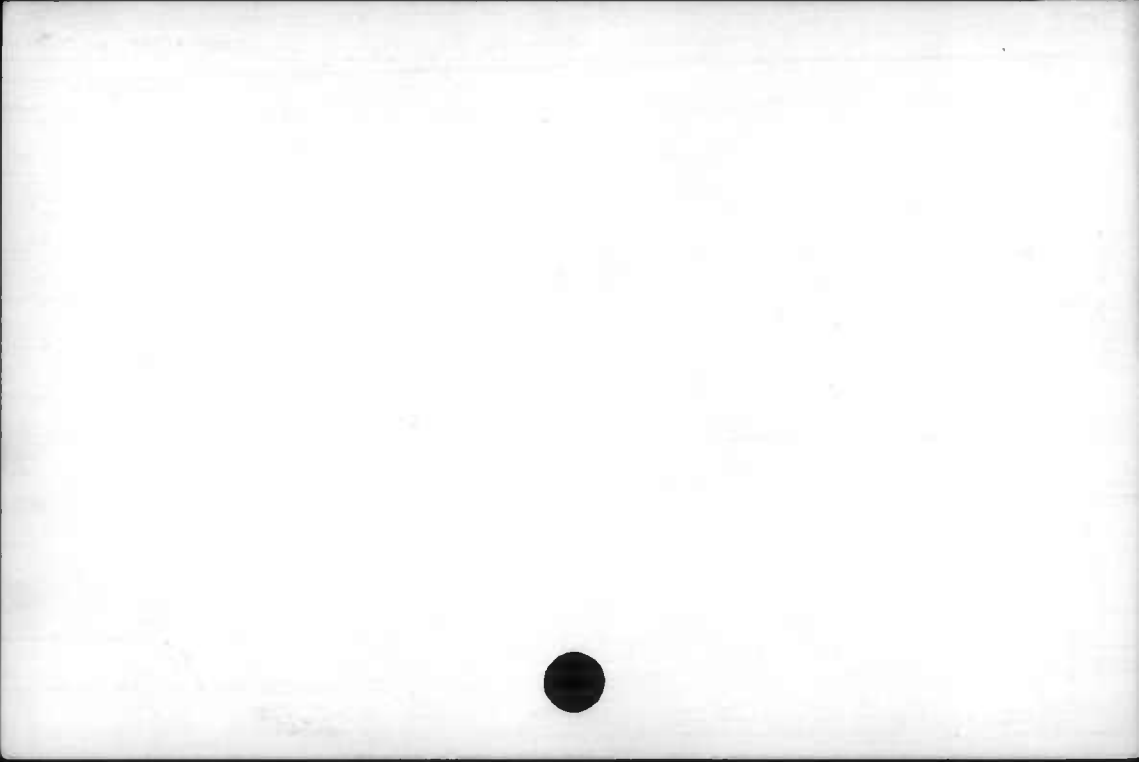
Primary *Carcinoma of Stomach* How long *Several Months*

Immediate *Arteriosclerosis* How long *—*

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician *John D. Wall M.D.* Address *Springfield Md.*

Accident or Suicide ☐



Name
in
Full

CERTIFICATE OF DEATH

Pamelia Mahoney

Town

County

MARYLAND

Died at *near Accokeek*

Pr. Ges.

Date

of death

1909 Oct.

Day

19

Age

Years

75

Months

Days

Sex

Female

Color or
Race

Colored.

Birth-
place

Chas. Co. Md.

Occupation

Housewife.

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Unknown

Father's
Name

Fredrick Slater.

Father's
Birthplace

Chas. Co. Md.

Mother's
Maiden Name

Melbie Slater maiden name

Mother's
Birthplace

Unknown

Name of person giving
Information

William Mahoney.

How related
to deceased

Son.

CAUSES OF DEATH

79

How long

Primary

Immediate

Heart Disease.

How long

Died suddenly.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

E. D. Hurtt, M.D.

Address

*Piscataway
Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mark Minto

CERTIFICATE OF DEATH

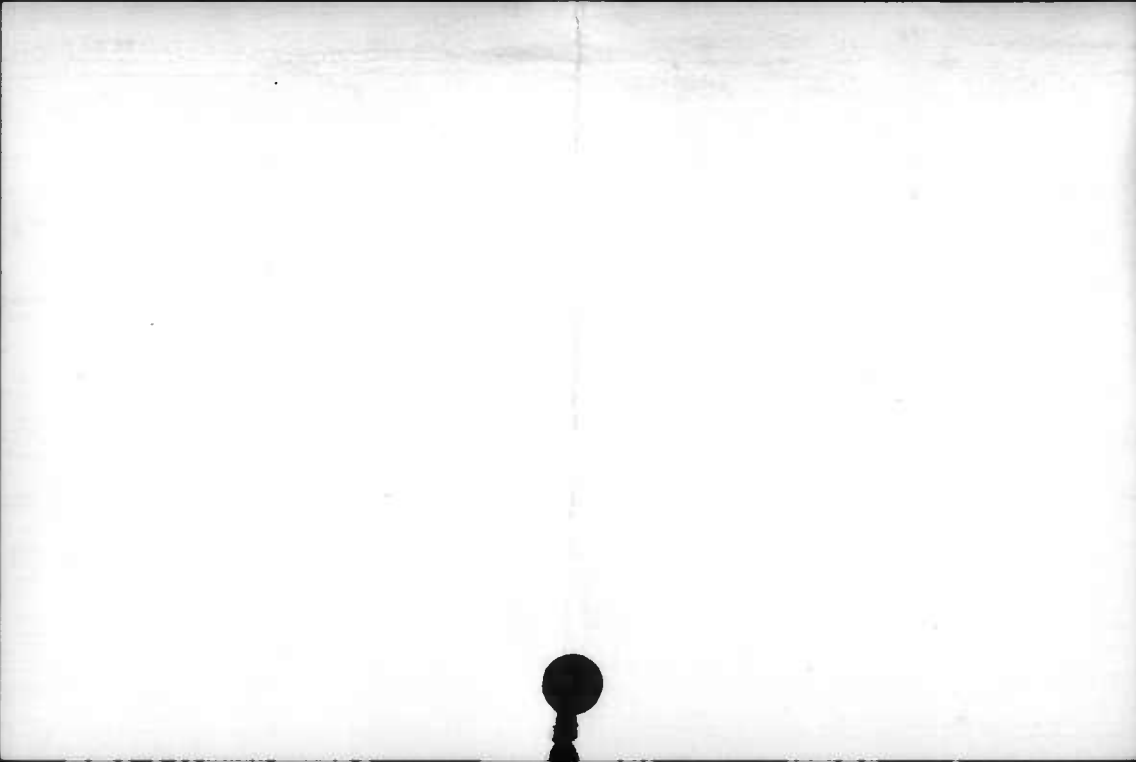
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sutland		County Prince George		MARYLAND	
Date of death		1909	Month Oct	Day 14	Age 79	Months 8	Days -
Sex Male		Color or Race White		Birth-place England			
Occupation Farmer		Where Residing if not at place of death -					
Married, Single or Widowed married		Name of Wife or Husband Annie Minto					
Father's Name John Minto		Father's Birthplace England					
Mother's Maiden Name Elizabeth Minto		Mother's Birthplace England					
Name of person giving Information Annie Minto		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Regurgitation	How long	5 years
Immediate	Dropsy and Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Charles W. Emmons	
Address		Sutland	
Accident or Suicida		Prince Geo Co Md	



Name
in
Full

Mattie Bora Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Meadows ^{County} Prince George's		MARYLAND	
Date of death	1909	Month	October
Day	22 nd	Age	49
Sex	Female	Color or Race	White
Occupation	House-wife	Birth-place	West Virginia
Married, Single or Widowed	Married	Name of Wife or Husband	J. W. Mitchell
Father's Name	Wm. Hook	Father's Birthplace	West Virginia
Mother's Maiden Name	Priscilla Crogal	Mother's Birthplace	West Virginia
Name of person giving Information	J. W. Mitchell	How related to deceased	Husband

CAUSES OF DEATH

Primary

How long

Immediate

How long

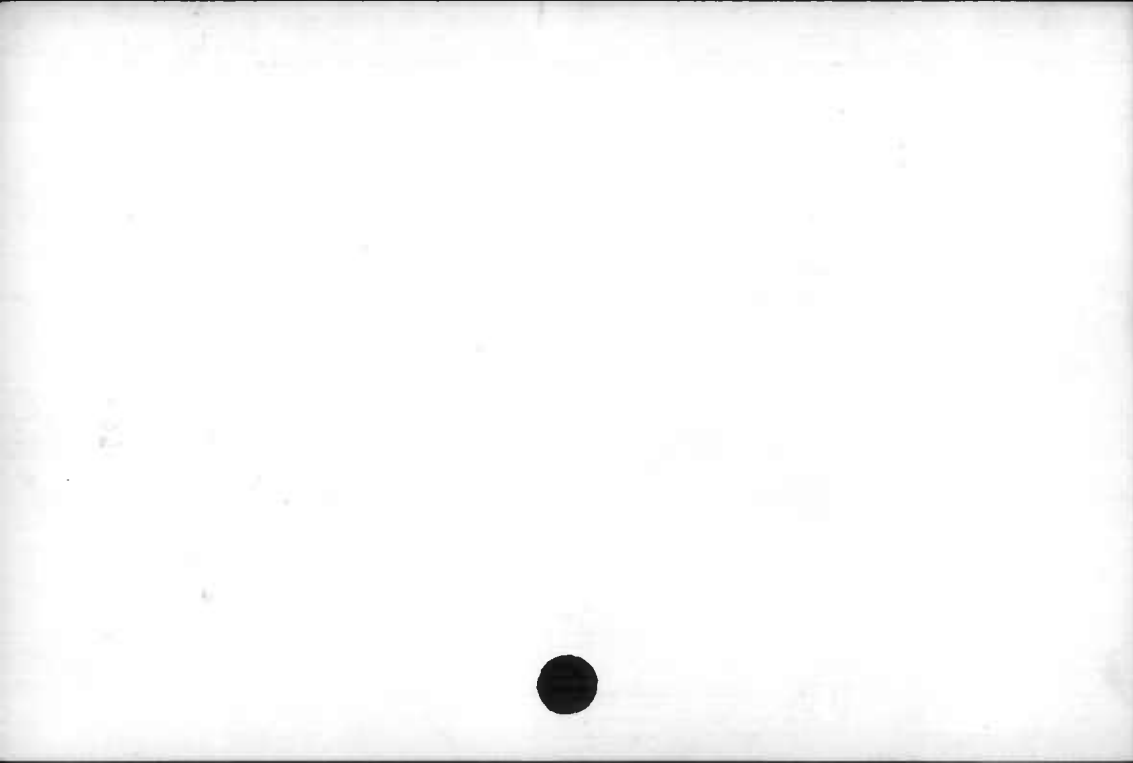
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma Francis Moore

CERTIFICATE OF DEATH

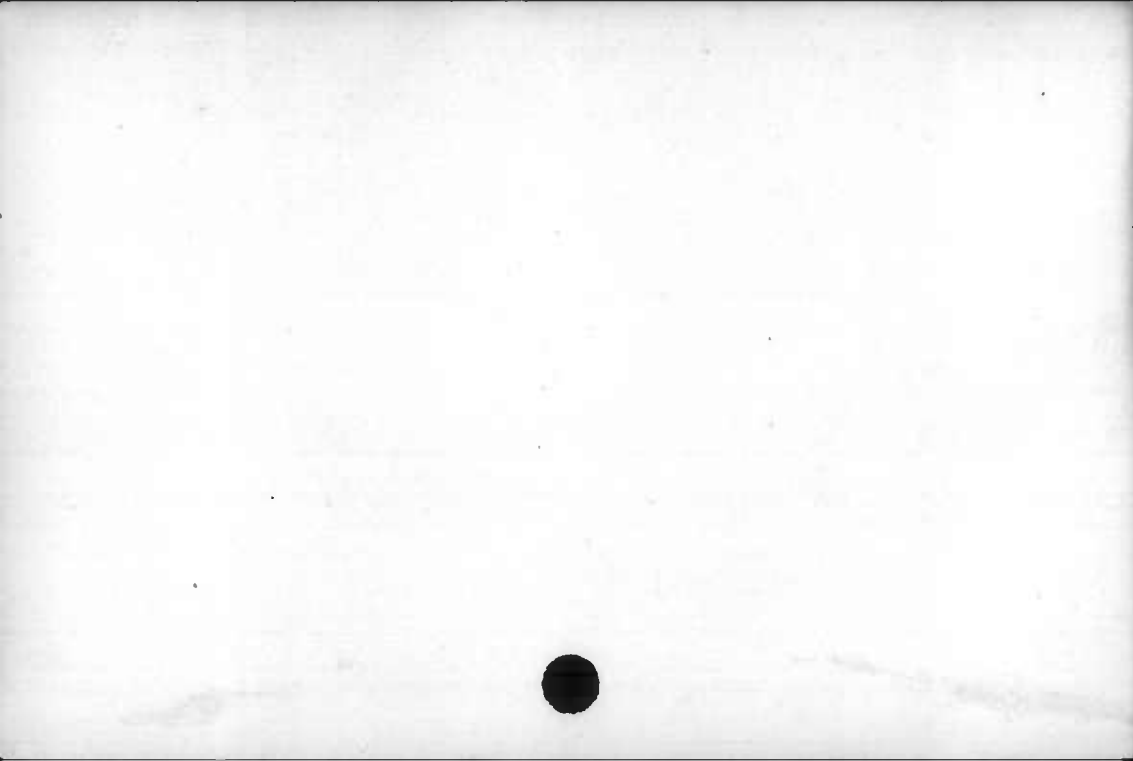
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Piscataway</u> <small>Town</small>		<u>Pr. Geo.</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>Oct.</u> <small>Day</small> <u>18</u>	Age <u>2</u> <small>Years</small>		Months <u>2</u>		Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Piscataway</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Wm. Nelson Moore</u>		Father's Birthplace <u>Chas. Co. Ind.</u>			
Mother's Maiden Name <u>Emma Catherine Thomas</u>		Mother's Birthplace <u>Bowie, Md.</u>			
Name of person giving information <u>Emma Catherine Moore</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>(105)</u> ✓
Immediate <u>Cholera Infantum</u>	How long <u>Three weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician
	Address <u>E. D. Hunt M. D.</u> <u>Piscataway, Md.</u>
Accident or Suicide?	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

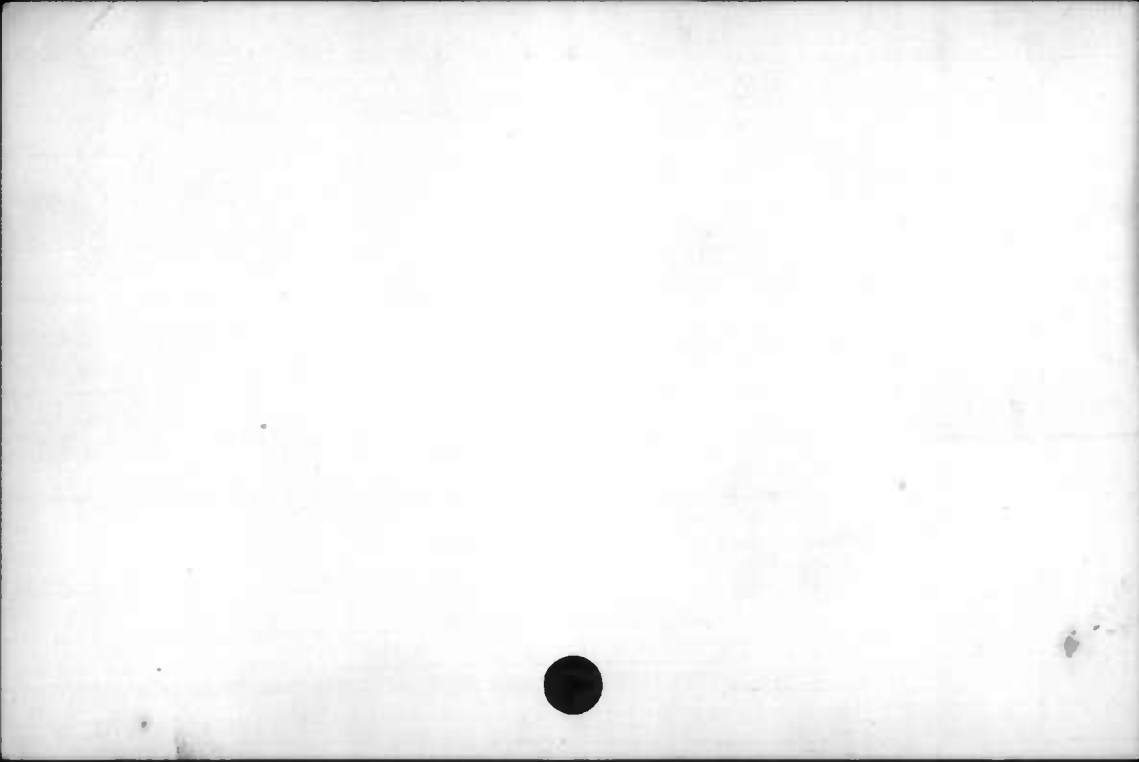
Died at <i>Seat Pleasant</i>		Town <i>Seat Pleasant</i>		County <i>P. George</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Oct.</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>8 hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Geo. B.orton</i>				Father's Birthplace <i>D. C.</i>			
Mother's Maiden Name <i>Mrs. Augusta Schantz</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Mrs. Augustaorton</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Delivery (5th month)</i>	How long <i>8 hours</i>
Immediate <i>Lack of vitality</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Bermin. D. C.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Eugene Child Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Capitol Heights ^{County} Prince George MARYLAND
 Date of death 1909 Oct 6th Age 4^{Years} 4^{Months} 4^{Days}
 Sex Male Color or Race White Birthplace Capitol Heights Md
 Occupation none Where Residing if not at place of death Capitol Heights
 Merriad, Single or Widowed Name of Wife or Husband
 Father's Name Albert Palmer Father's Birthplace N Carolina
 Mother's Maiden Name Lora Anthony Mother's Birthplace Mt Wash Dc
 Name of parson giving information Albert Palmer How related to deceased Father

CAUSES OF DEATH

Primary Marasmus How long One month
 Immediate Irritation How long "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. A. R. Mackenzie
Capitol Heights

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Woodlawn Cemetery

R. M. Perry Undertaker

Name
in
Full

Charles O. Riely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Oxon Hill ^{County} Prince Georges. **MARYLAND**

Date of death 1909 ^{Month} Oct ^{Day} 3 Age ^{Years} 55 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Oxon Hill Md

Married, Single or Widowed ~~Single~~ Name of Wife or Husband Susan Riely

Father's Name ~~Unknown~~ Father's Birthplace Md

Mother's Maiden Name ~~Unknown~~ Mother's Birthplace Md

Name of person giving Information John H. Riely How related to deceased Son

CAUSES OF DEATH

(104)

✓

PHYSICIAN
OR CORONER

Primary Gastritis How long 6 months

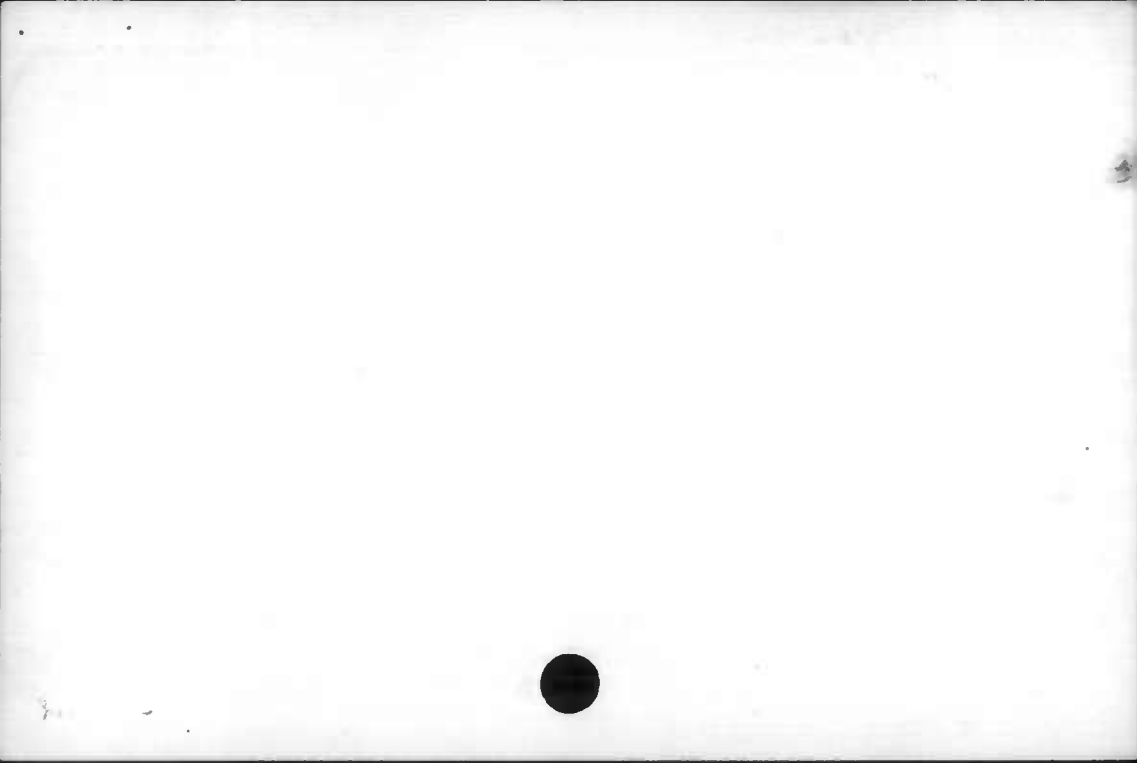
Immediate Asthenia How long two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Parker M.D.

Address Congress Heights D.C.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

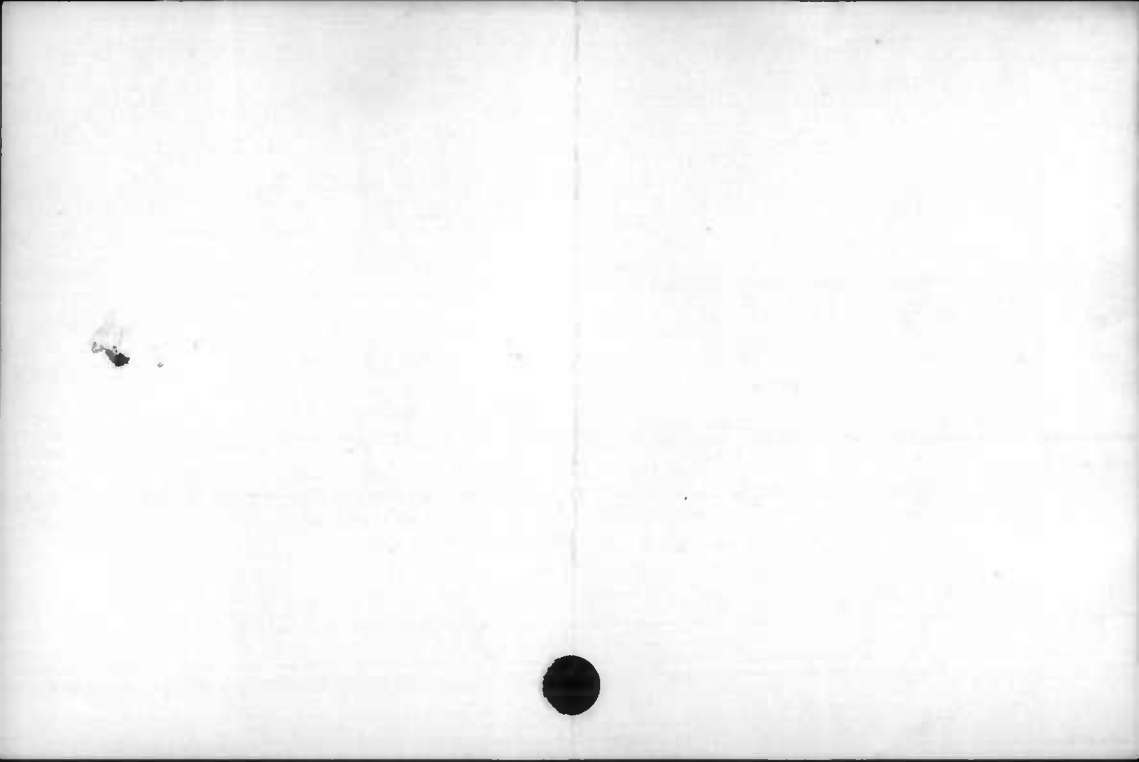
MARYLAND

Died at *Forrestville* *P. C.* CountyDate of death *1909* *Oct* *7* *61* Months DaysSex *Female* Color or Race *White* Birth-place *Md*Occupation *Housework* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of ~~Wife or~~ Husband *Joseph Tarnum*Father's Name *William G. Gray* Father's Birthplace *Md*Mother's Maiden Name *Tarnum* Mother's Birthplace *Md*Name of person giving information *Lee Tarnum* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONERPrimary *Cardiac Hypertrophy* How long *1 year*
Asthma How long *1 week*Immediate
Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *John E. Samsbury*Address *Forrestville*Accident or Suicide? *neither**Md.*



Name
in
Full

Marie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ps. Brentwood</i>		County <i>Ps. Geo</i>		MARYLAND	
Date of death	Month <i>9 Oct</i>	Day <i>17</i>	Years <i>42</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Washington D.C.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Brentwood Md</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Thomas</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Mary Thomas</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Jno. Thomas</i>	How related to deceased <i>Husband</i>				

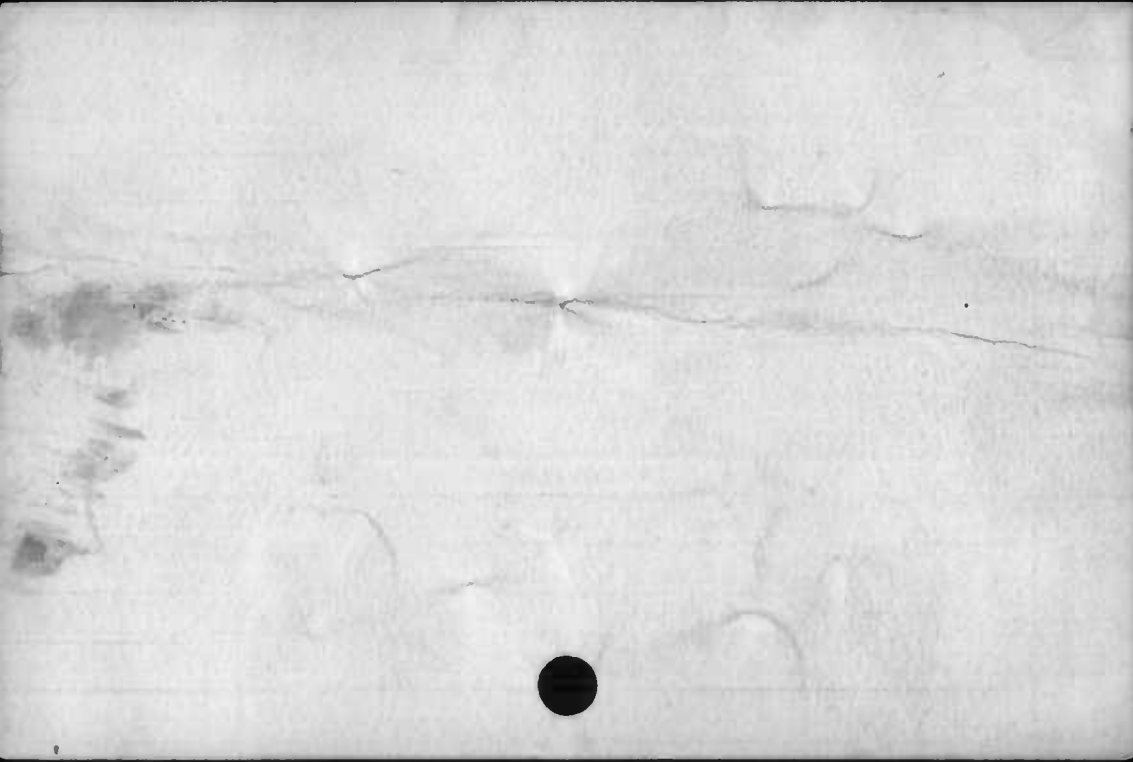
CAUSES OF DEATH

79

✓

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>almost all her life</i>
Immediate <i>Exhaustion</i>	How long <i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Phlender, M.D.</i>
	Address <i>Brentwood Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>G. O. Thompson</i>		Town <i>Timonahly</i>		County <i>Pt. Sta</i>		State MARYLAND	
Died at <i>Timonahly</i>		Month <i>10</i>		Day <i>21</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>10</i>		Day <i>21</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>D.C.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>Charles H. Thompson</i>					
Father's Name <i>Charles H. Thompson</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Maggie L. Dazier</i>		Mother's Birthplace <i>D.C.</i>					
Name of person giving Information <i>G. O. Thompson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. P. Simpson</i>
	Address <i>Rosecroft - Md</i>
Accident or Suicide <i>—</i>	



Name *Ivins Griffith Tilghman*
 In
 Full

CERTIFICATE OF DEATH

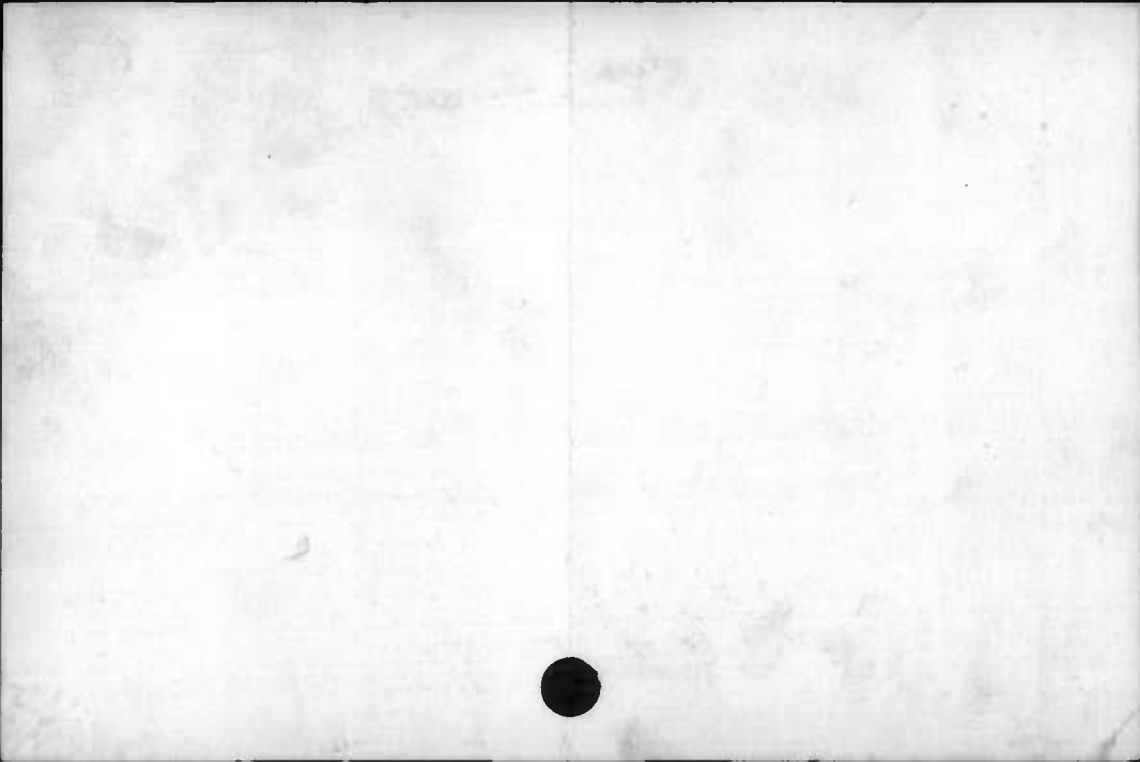
TO BE ANSWERED BY
 NEAREST FRIEND

Died at <i>Forestville</i> <small>Town</small>		<i>P. C.</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex	<i>Male</i>		Color or Race <i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>none</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband <i>—</i>		
Father's Name	<i>John Tilghman</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Bertie Hawkins</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>John Tilghman</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
 OR CORONER

Primary	<i>Prolonged Labor & Placenta previa</i>		How long	<i>(136) ✓</i>
Immediate	<i>Placenta previa</i>		How long	<i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>John E. Samsbury</i>	
			Address <i>Forestville</i>	
Accident or Suicide?		<i>no</i>	<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant,
Forstville

Elghuman
Prince George

MARYLAND

Date of death 1909 Oct

Day 8 Age --

Months Still born Days

Sex Female

Color or Race Black

Birth-place Md

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name John Elghuman

Father's Birthplace Md

Mother's Maiden Name Bertha Hawkins

Mother's Birthplace Md

Name of person giving Information Bertha Hawkins

How related to deceased Mother

CAUSES OF DEATH

Primary Prolonged Labor

How long Still born

Immediate " "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John S. Sauschinsky
Forstville
Md

Accident or Suicide

neither



Name
in
Full

CERTIFICATE OF DEATH

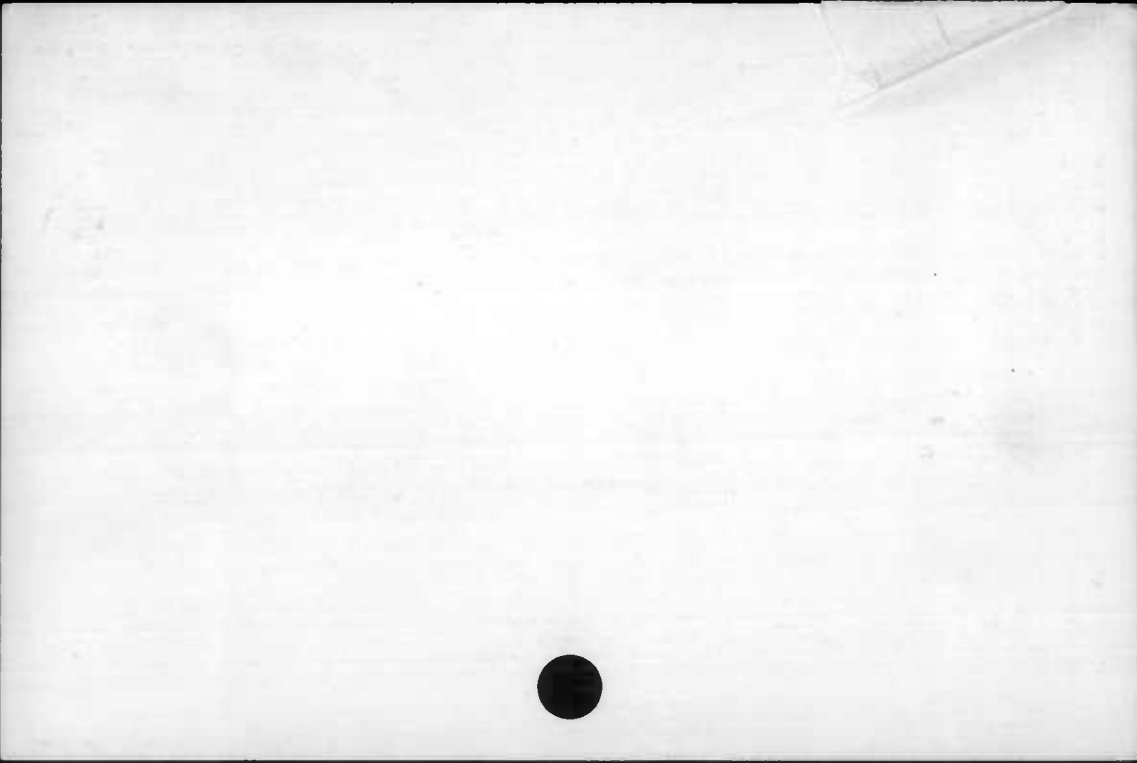
TO BE ANSWERED BY
NEAREST FRIEND

Infant *Belghuman*
Died at *Forestville* ^{Town} *Prince George* ^{County} **MARYLAND**
Date of death *1909* ^{Month} *Oct* ^{Day} *8* Age *—* ^{Months} *Stillborn* ^{Days}
Sex *male* Color or Race *Black* Birth-place *md*
Occupation *none* Where Residing if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *John Belghuman* Father's Birthplace *md*
Mother's Maiden Name *Bertha Hawkins* Mother's Birthplace *md*
Name of person giving Information *Bertha Hawkins* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Prolonged Labor* *(S)* *✓* How long *Still birth*
Immediate *" "* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John E. Sausbury*
neither Address *Forestville md*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

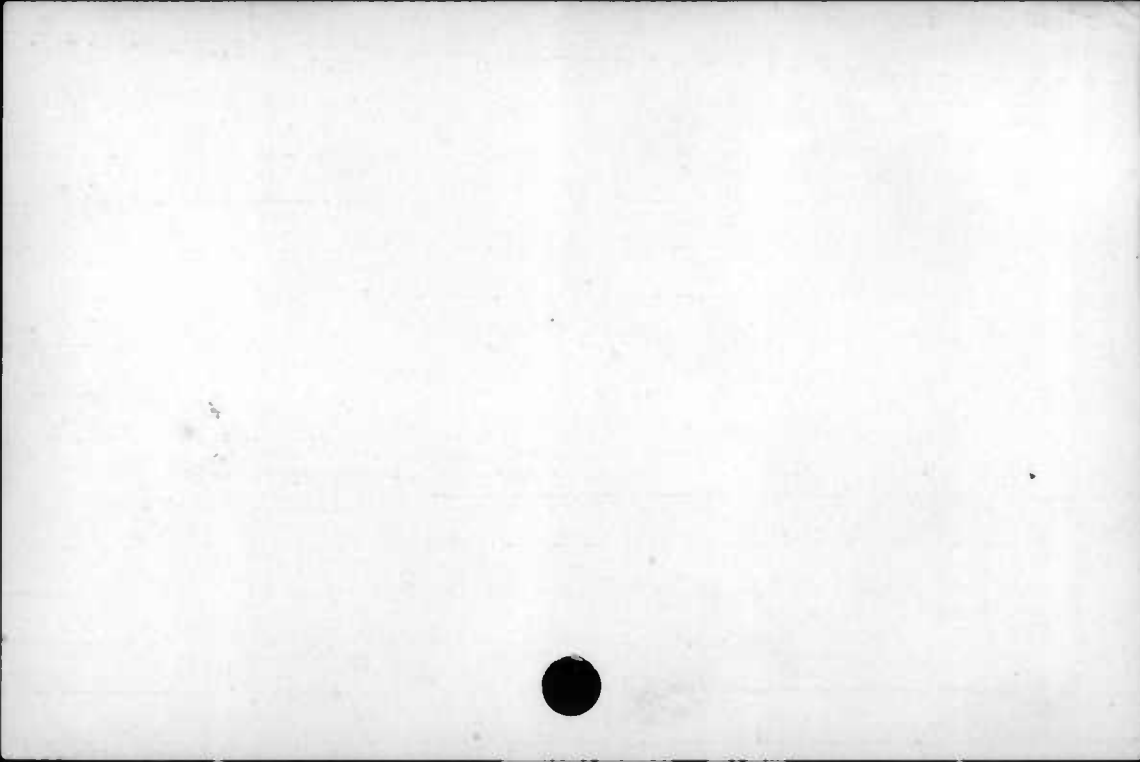
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Elizabeth Truman</i>		Town <i>Malcolm</i>		County <i>Pr. Geo</i>		MARYLAND	
Died at <i>Malcolm</i>		Month <i>Oct</i>		Day <i>29</i>		Age <i>42</i>	
Date of death <i>1902</i>		Months <i>6</i>		Days <i>2</i>			
Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Franklin Truman</i>					
Father's Name <i>Joshua Taylor</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Deaters</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Georgia Eighles</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure</i>	How long <i>1 day</i>
Immediate <i>Congestion of lungs</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Morton Brown</i>
	Address <i>Aguascoy Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		John E Van Horn		County		Prince George		TOWN		Puxedo		Died at		MARYLAND	
Date of death		1909		Month		Oct		Day		19		Age		50	
Sex		male		Color or Race		white		Birth- place		Maryland		Occupation		Farmer	
Married, Single or Widowed		married		Name of Wife or Husband		Adelaïd Van Horn		Where Residing if not at place of death							
Father's Name		John Van Horn		Father's Birthplace		Europe		Mother's Maiden Name		Amelia Wilson		Mother's Birthplace		Md	
Name of person giving Information		Adelaïd Van Horn		How related to deceased		Wife									

--Sudden death.

CAUSES OF DEATH

178

How long

Primary

Heart failure

Immediate

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

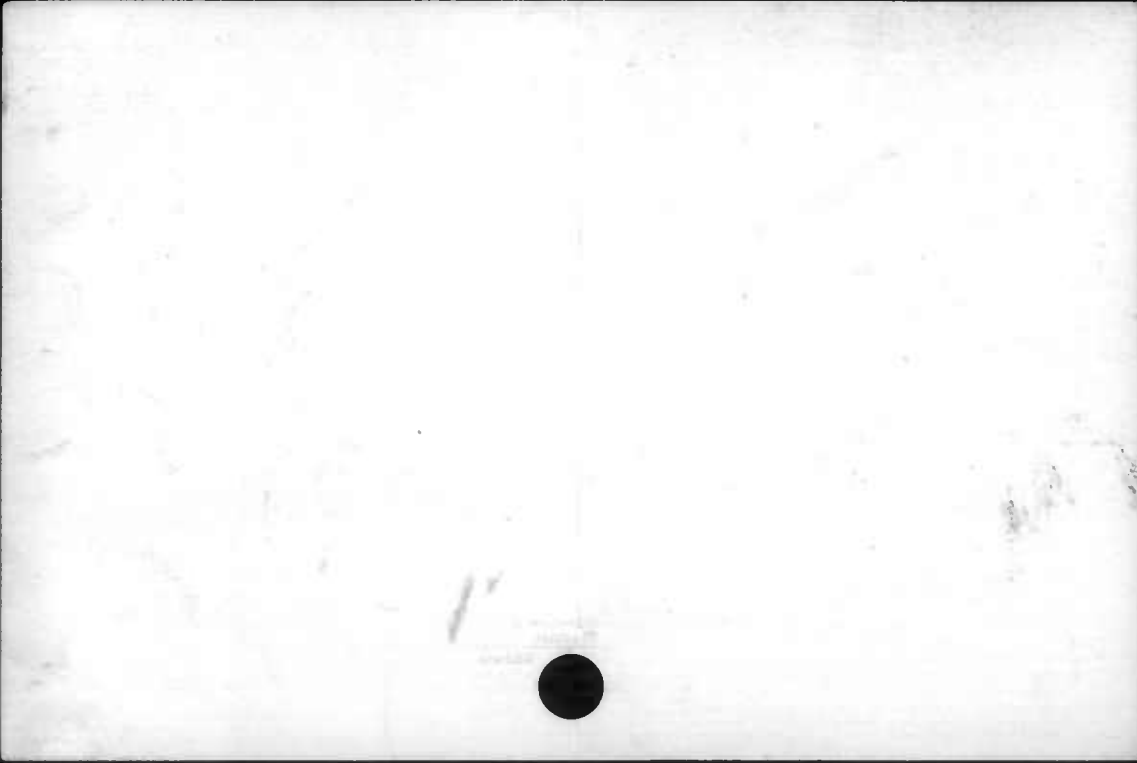
Signature of
Physician

Address

Augustus H Dahler
Acting Coroner
Bladenburg Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Not-Named.

West
Proviso.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

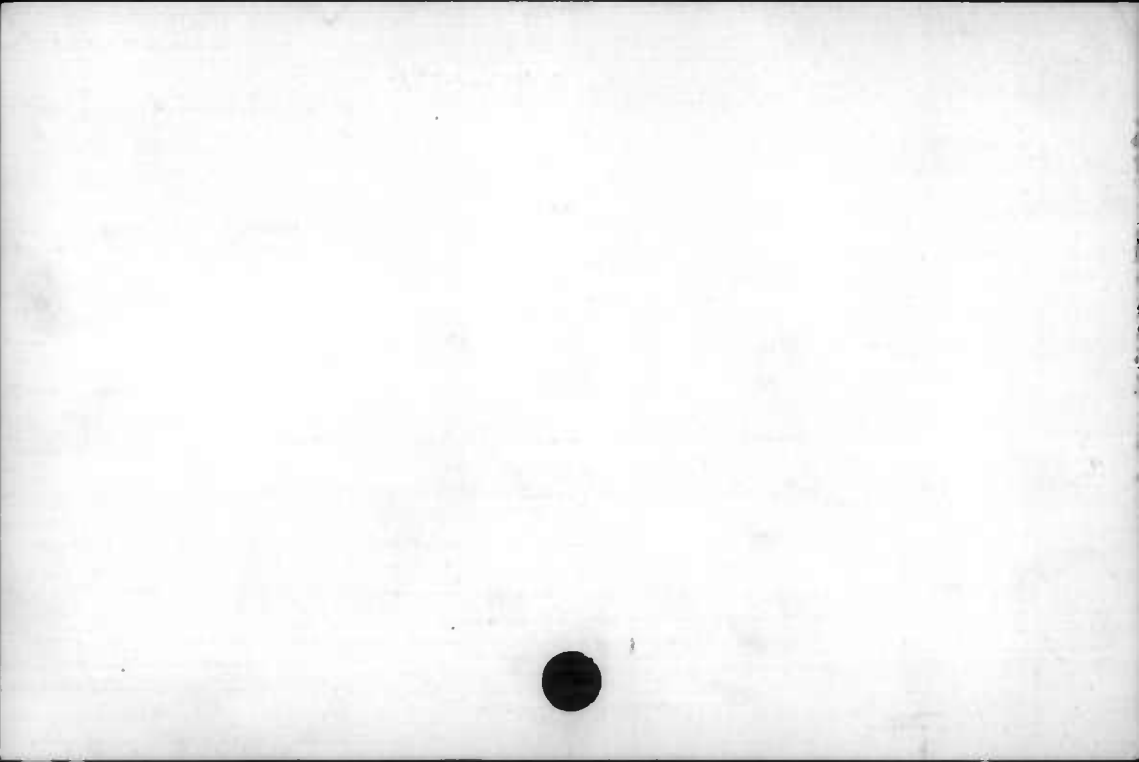
Died at <u>Rivardale</u> ^{Town}		<u>West</u> ^{County}			
Date of death <u>1904</u>	<u>Oct.</u> ^{Month}	<u>8</u> ^{Day}	Age <u>Still born</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female.</u>	Color or Race <u>Colored.</u>		Birth-place <u>Rivardale</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u>Ester West-</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Ester West-</u>			Mother's Birthplace <u>Lanc. Co. Va.</u>		
Name of person giving information <u>Ester West-</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

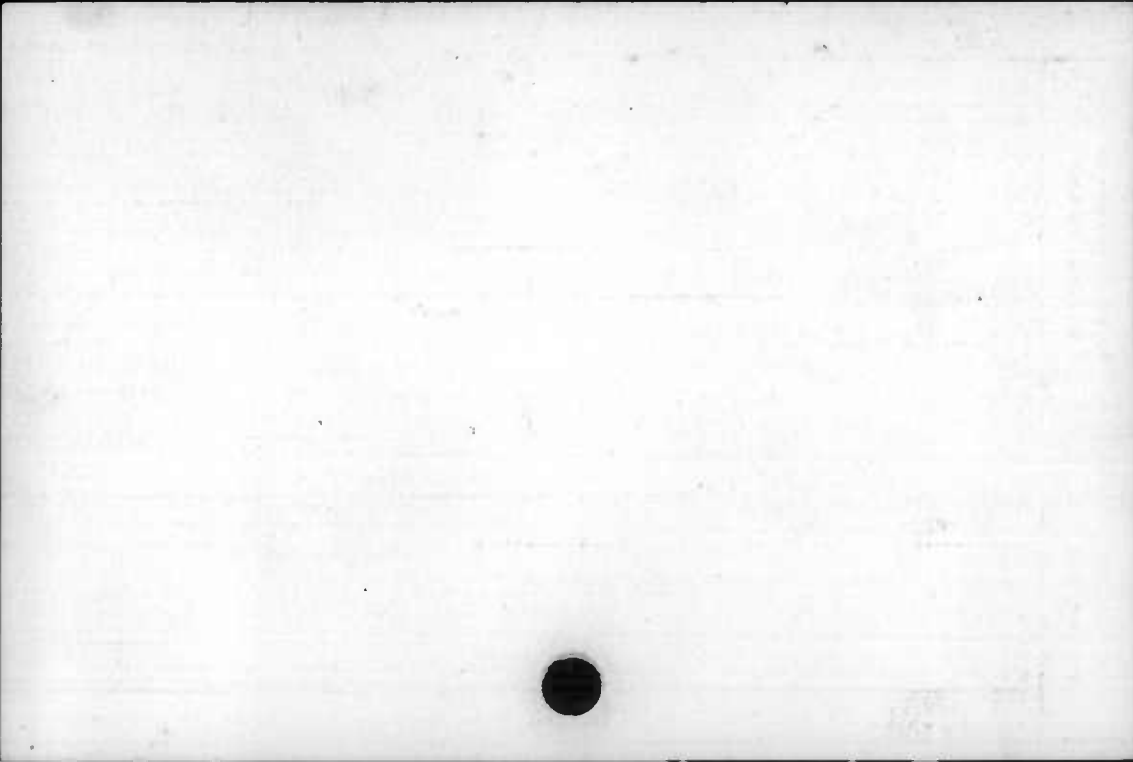
Primary <u>Still Birth-</u>	<u>Cause unknown</u>	How long <u>8</u> ^{Days}
Immediate		How long <u> </u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>R.A. Bennett.</u>
	Address <u>Rivardale</u>
Accident or Suicide?	<u>Ma</u>



Name in Full		Wm R. Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Laurel		County Pr. George		MARYLAND	
	Date of death	1909	Month 10	Day 22	Age 46	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Plasterer		Where Residing if not at place of death	Laurel Md.		
	Married, Single or Widowed	Married		Name of Wife or Husband	Mollie C. Wilson		
	Father's Name	George Wilson				Father's Birthplace	Chickadee
	Mother's Maiden Name	Sarah A. Lindsay				Mother's Birthplace	Stone Arundel Co
Name of person giving information	Laurence C. Bull				How related to deceased	Not at all	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Bright's disease				How long	120 days
	Immediate	Urinary calculus				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Y		Signature of Physician	J. H. B. [Signature]		
	Address	[Redacted]					
Accident or Suicide?							



Name
in
Full

Not known

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

found near		Town	Bladensburg	County	Prince George	MARYLAND	
Date of death	1909	Month	October	Day	28	Age	not known
Sex	not known	Color or Race	not known	Birth-place	not known		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	not known	Name of Wife or Husband	not known				
Father's Name	not known			Father's Birthplace	not known		
Mother's Maiden Name	not known			Mother's Birthplace	not known		
Name of person giving Information	W.C. Raybold			How related to deceased	none		

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORNER

Primary	Skeleton found on marsh on Eastern Branch near Bladensburg	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Augustus H. Dahler
	Address	Acting Coroner Bladensburg Md
Accident or Suicide	not known	

